



# APPLICATION FOR IMMIGRANT VISA

PLEASE TYPE OR PRINT ANSWERS LEGIBLY IN THE SPACES PROVIDED (IF NOT APPLICABLE WRITE (N/A))

1. NAME AS WRITTEN IN PASSPORT		
2. LAST NAME (surname or family name)		
3. FIRST NAME (all given names)	5. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
4. MIDDLE NAME	6. CITIZENSHIP	
7. DATE OF BIRTH (dd/mm/yyyy)	8. PLACE OF BIRTH (city, state or province, country)	
9. CIVIL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED		
10. IF MARRIED, NAME AND ADDRESS OF SPOUSE		
11a. TRAVEL DOCUMENT TYPE <input type="checkbox"/> PASSPORT <input type="checkbox"/> TRAVEL DOCUMENT	11b. PASSPORT / TRAVEL DOCUMENT NUMBER	
11c. PLACE OF ISSUE (city, state or province, country)		
11d. DATE OF ISSUE (dd/mm/yyyy)	11e. DATE OF EXPIRY (dd/mm/yyyy)	
11f. VISA REQUESTED <input type="checkbox"/> NON-QUOTA IMMIGRANT <input type="checkbox"/> QUOTA IMMIGRANT	12. SUPPORTING DOCUMENTS	
13. INTENDED PORT OF ENTRY	14. EXPECTED DATE OF ARRIVAL IN THE PHILIPPINES	
15. HOME ADDRESSES FOR THE PAST 5 YEARS* (include apartment number, street, city, state or province, postal zone and country)		
ADDRESS	INCLUSIVE DATES	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
16. CURRENT HOME TELEPHONE NUMBER	17. E-MAIL ADDRESS	
18a. PRESENT OCCUPATION / RANK / POSITION	18b. Since	
19. WORK ADDRESS (include no., street, city, state or province, postal zone, country)		
20. WORK TELEPHONE NUMBER	21. WORK FAX NUMBER	
22. REFERENCES AND/OR IMMEDIATE RELATIVES IN THE PHILIPPINES		
NAME	ADDRESS	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
23. DATE OF APPLICATION	24. SIGNATURE OF APPLICANT	

APPLICANT'S PHOTOGRAPH  
2 in. x 2 in.

1. Picture taken within the past 6 months
2. Front View
3. Without eyeglasses
4. Name and Signature on front of photograph

Staple or paste photo here

### FOR OFFICIAL USE ONLY

IMMIGRANT VISA NO.		
VISA SHEET NO.		
DATE OF ISSUE		
DATE OF EXPIRY		
IMMIGRANT VISA CLASSIFICATION		
<input type="checkbox"/> Quota Immigrant Quota No. _____		
<input type="checkbox"/> Non-Quota Immigrant under Section _____ of the Philippine Immigration Act of 1940 as amended.		
VISA ISSUED TO		
CITIZENSHIP		
BEARER'S TRAVEL DOCUMENT		
Type _____		
No. _____		
Date of Issue _____		
Date of Expiry _____		
Issuing Authority _____		
VISA APPROVED/DENIED BY		
SERVICE NO.	FEE	O.R. NUMBER
RECEIVER	CASHIER	LOL
PROCESSOR	SCRIPTER	ENCODER

25. OCCUPATION  _____	26. NAME AND ADDRESS OF EMPLOYER IN THE PHILIPPINES  _____
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27. ADDRESS IN THE PHILIPPINES WHERE THE APPLICANT INTENDS TO SETTLE (include apartment number, street, city, state or province, postal zone )  
  
\_\_\_\_\_

28. ON WHAT BASIS DO YOU CLAIM TO BE A  PREFERENCE QUOTA IMMIGRANT  NON-QUOTA IMMIGRANT? ( state basis of your claim )  
  
\_\_\_\_\_

29. HAVE YOU EVER BEEN CONVICTED OF ANY CRIME?  YES ( specify crime and date of conviction )  NO  
  
\_\_\_\_\_

30. HAVE YOU EVER BEEN REFUSED ANY KIND OF VISA FOR THE PHILIPPINES, DENIED ADMISSION INTO, DEPORTED OR REMOVED AT GOVERNMENT EXPENSE FROM THE PHILIPPINES?  YES ( state circumstances and date of refusal/denied admission/deportation/removal )  NO  
  
\_\_\_\_\_

31. HAVE YOU EVER BEEN INSTITUTIONALIZED FOR ANY MENTAL DISORDER?  YES ( state particulars and date of institutionalization )  NO  
  
\_\_\_\_\_

32. HOW WILL YOU SUBMIT THIS APPLICATION?  
 PERSONAL  MAIL / COURIER  TRAVEL AGENCY / REPRESENTATIVE \_\_\_\_\_  
Name of Travel Agency / Authorized Representative

33. DO YOU HAVE ANY PHYSICAL DEFECT OR CONTAGIOUS DISEASE?  YES ( state defect or disease and other particulars )  NO  
  
\_\_\_\_\_

**IMPORTANT: IF APPLICANT IS UNABLE TO APPLY IN PERSON THIS FORM SHALL BE NOTARIZED**

34. I understand that I may enter the Philippines at the port of entry designated by the Philippine Immigration Authorities under the conditions imposed by those authorities.  
I solemnly swear under penalty of law that the foregoing statements are true and correct and the attached supporting documents are authentic.

\_\_\_\_\_  
Signature of Applicant Over Printed Name

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, CY \_\_\_\_\_, at \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Consul of the Republic of the Philippines

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REMARKS	Doc. No.	
	Series	
	Service No.	
	O.R. No.	
	Fee	
TRAVEL DOCUMENT RELEASED TO		
_____ PRINTED NAME AND SIGNATURE		
DATE RECEIVED / MAILED	MAIL/COURIER TRACKING NO.	